PTO/SB/30 (04-05)
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## Request For Continued Examination (RCE) Transmittal

Address to: MS RCE Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

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|--------------------------------------|---|--|--|--|--|
| Application Number                   | 10/772,585  |  |  |  |  |
| Filing Date                          | February 6, 2004  |  |  |  |  |
| First Named Inventor                 | Tetsuro ASANO   |  |  |  |  |
| Art Unit                             | 2813  |  |  |  |  |
| Examiner Name                        | L. M. Schillinger   |  |  |  |  |
| Attorney Docket Number               | 492322017600  |  |  |  |  |

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application. Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application.

| amendments end  | quired under 37 CFR 1.114 Note: If losed with the RCE will be entered in the t wish to have any previously filed unenter | order in which they we | ere filed ui | nless applica | ant instructs otherwise. If   |  |  |
|---|--|------------------------|--------------|---------------|-------------------------------|--|--|
|   | sly submitted. If a final Office action considered as a submission even if   |                        |              | ments filed   | after the final Office action |  |  |
| i. Consider the arguments in the Appeal Brief or Reply Brief previously filed on  |  |                        |              |               |                               |  |  |
| ii. Oth   | er   |                        |              |               |                               |  |  |
| b. X Enclose  | ed   |                        |              |               |                               |  |  |
| i. X Am   | endment/Reply ii   | i. Information         | Disclosu     | re Stateme    | ent (IDS)                     |  |  |
| ii. Affi  | davit(s)/Declaration(s) iv   | /. Other               |              |               |                               |  |  |
| 2. Miscellaneous  | 7  |                        |              |               |                               |  |  |
| a. Suspen   | sion of action on the above-identified   | d application is requ  | iested ur    | nder 37 CF    | R 1.103(c) for a              |  |  |
|   | of months. (Period of su   | • •                    |              |               |                               |  |  |
| b. Other  |  | ·                      |              |               |                               |  |  |
|   | E fee under 37 CFR 1.17(e) is require  | d by 37 CFR 1 114 w    | vhen the     | RCE is filed  |                               |  |  |
|   | ``   | •                      |              |               |                               |  |  |
| a. X The Director is hereby authorized to charge the following fees, any underpayment of fees, or credit a overpayments to Deposit Account No. 03-1952 Hhave enclosed a duplicate copy of this she Fee Transmittal form (PTO/SB/17) is attact this submission in-duplicate. |  |                        |              |               |                               |  |  |
| i. X RC   | E fee required under 37 CFR 1.17(e)  | )                      |              |               |                               |  |  |
| ii. Extension of time fee (37 CFR 1.136 and 1.17)   |  |                        |              |               |                               |  |  |
|   | ·  | •                      |              |               |                               |  |  |
| iii. [] Oth   | er   |                        |              |               |                               |  |  |
| b. Check i  | n the amount of \$   | enclo                  | sed          |               |                               |  |  |
| c. Paymei   | nt by credit card (Form PTO-2038 end   | closed)                |              |               |                               |  |  |
|   | SIGNATURE OF APPLICANT,  | ATTORNEY, OR           | AGENT        | REQUIRE       | ED .                          |  |  |
| Signature   | Il Soutine   |                        | Date         | Decemb        | per 6, 2006                   |  |  |
| Name (Print/Type)   | Barry E. Bretschneider   |                        | Registra     | ation No.     | 28,055                        |  |  |

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Complete if Known Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). 10/772,585 **Application Number** FEE TRANSMITTAL February 6, 2004 Filing Date For FY 2006 Tetsuro ASANO First Named Inventor Examiner Name L. M. Schillinger 2813 Applicant claims small entity status. See 37 CFR 1.27 Art Unit 492322017600 TOTAL AMOUNT OF PAYMENT 790.00 Attorney Docket No. METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): X Deposit Account Deposit Account Number: 03-1952 Deposit Account Name: Morrison & Foerster LLP For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) x | Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayment of x Credit any overpayments fee(s) under 37 CFR 1.16 and 1.17 FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.) 1. BASIC FILING, SEARCH, AND EXAMINATION FEES SEARCH FEES **FILING FEES EXAMINATION FEES Small Entity Small Entity Small Entity Application Type** Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fees Paid (\$) Fee (\$) Fee (\$) 500 200 100 Utility 300 150 250 50 130 65 Design 200 100 100 Plant 200 100 300 150 160 80 250 Reissue 300 150 500 600 300 Λ n 200 100 0 Provisional **Small Entity** 2. EXCESS CLAIM FEES Fee (\$) Fee (\$) Fee Description Each claim over 20 (including Reissues) 50 25 200 Each independent claim over 3 (including Reissues) 100 Multiple dependent claims 360 180 Total Claims Multiple Dependent Claims Extra Claims 40 - 40 = Fee Paid (\$) Fee (\$) HP = highest number of total claims paid for, if greater than 20. Indep. Claims Extra Claims Fee Paid (\$) Fee (\$) \_ -3=. HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Number of each additional 50 or fraction thereof Fee Paid (\$) Extra Sheets Fee (\$) /50 \_\_\_\_\_ (round up to a whole number) x - 100 = Fees Paid (\$) 4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) 790.00 Other (e.g., late filing surcharge): 1801 Request for continued examination (RCE) (see 37 ... SUBMITTED BY Registration No. 28,055 Telephone (703) 760-7743 Signature (Attorney/Agent) Name (Print/Type) Barry E. Bretschneider Date December 6, 2006